

Sexualized Behaviors Among Siblings

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Typical Sexual Behavior

- Behaviors that involve parts of the body considered to be “private” or “sexual” (e.g., genitals, breasts, buttocks)
- Are normally part of growing up for many children and which most experts would not consider to be harmful
- Influenced by cultural and social factors



Sexual Play Is...

- ✓ Exploratory
- ✓ Spontaneous
- ✓ Intermittent
- ✓ By mutual agreement
- ✓ With child of similar age, size, and developmental level
- ✓ Not accompanied by anger, fear, and/or strong anxiety



Sexual Play

- Occurs across childhood, not just in preschool children
- Becomes more concealed in school-age children
- Occurs with children they know and play with already, including siblings and children of the same sex



~Rutter (1971), Lamb & Coakley (1993), Larsson (2001), Larsson & Svedin (2002), Reynolds, Herbenick, & Bancroft (2003)

Long-Term Implications of Sex Play: Retrospective Research

- Sex play is common (66% - 80%)
- Mostly never known to parents
- Many encounters between children of the same gender
- If true sex play (e.g., same age, no force or aggression), then seen as positive or neutral – *Inconsistent results with siblings*
- Not related to adult sexual orientation



~Lamb & Coakley (1993), Larsson (2001), Reynolds, Herbenick, & Bancroft (2003), Friedrich, Whiteside, & Talley(2004), Greenwald & Leitenberg (1989), Okami, Olmstead, Abramson (1997)

Sibling Sexual Experiences

- Sibling system is thought to be most important and enduring relationship in the family
- Most common form of intrafamilial sexual experience
- Least reported, least investigated
- Limited research available



~Chaffin

Conclusions of Retrospective Research on Siblings

- Not an uncommon experience, and involved all ages of children
- Not easily categorized as sexual play or abusive
- Females more vulnerable to exploitative sibling sexual experiences than males
- Adult sexual adjustment not effected (negatively or positively) by typical sibling sexual experiences with children of similar age



Research-Based Guidelines: Sexual Behavior Problems

- Intrusive, rare sexual behaviors
- Greater frequency or duration than developmentally expected (excludes normal activities)
- Coercive or aggressive
- Potentially harmful to the child or others
- Elicits fear and anxiety in other children
- Do not decrease with typically effective parenting strategies
- Between children of significantly divergent ages and/or developmental abilities



Effects of Having PSB on Children and Family

- Co-occurring behavior and emotional problems
- Increased risk of victimization
- Increased caregiver stress
- Increased risk of placement disruptions
- Social problems/ poor peer relationships
- Decrease in school performance



Effects of PSB on the Other Child

- Very limited research
- May depend on...
 - Use of coercion and aggression
 - Age differences
 - Severity and frequency
 - Premorbid functioning
 - Support from caregivers



Effects of Sexual Abuse on Children

Most commonly documented symptoms:

- Fearfulness
- PTSD
- Aggressiveness
- Inappropriate sexual behavior



Additional common symptoms to consider

- General behavior problems
 - ADHD vs. PTSD differential diagnosis
- Problematic sexual behavior



When Trauma-Exposed Youth May Benefit From Therapy

Seek help for a child or teen if you notice significant increases in:

- Physical complaints (e.g. stomachaches, headaches)
- Irritability or moodiness
- Angry/aggressive outbursts
- Crying episodes
- Nightmares or difficulty sleeping
- Changes in eating patterns
- Zoning out/daydreaming



When Trauma-Exposed Youth May Benefit From Therapy

Seek help for a child if you notice the following:

- Withdrawal from peers and activities they once found enjoyable
- Fear and anxiety about what happened
- Reports from teachers about an increase in disruptive behaviors, dropping grades or zoning out in class
- Deliberately hurting themselves or other people
- Refusal to go to school
- Drug or alcohol use
- Thoughts of death or suicide
- Inappropriate sexual behavior



Treatment for Trauma

What does therapy look like?



Trauma Focused Cognitive Behavior Therapy (TF-CBT) Treatment Structure

- Average 12 – 18 sessions
- 1 to 1 ½ hour weekly sessions
- Each session is divided into individual child and parent sessions
 - The length of the child and parent portions may vary by topic
- Similar topics in most parent and child sessions
- Same therapist for both child and parent(s)
- Combined parent-child time in some to many sessions



TREATMENT OF CHILD TRAUMA

Recommended treatment components:

- Psychoeducation
- Stress management techniques
- Direct exploration of the trauma
- Exploring/correcting inaccurate attributions
- Inclusion of parents



Parent-Child Interaction Therapy (PCIT)

- Evidence-based treatment for children with disruptive behavior
 - Developed by Dr. Sheila Eyberg, University of Florida
 - Combines elements of attachment and learning theories, systems theory, and behavior modification
 - Involves direct coaching of parent with child
 - Assessment driven
 - Short-term: Average of 14-16 weekly sessions



For more information



- Websites

- www.pcit.org

- Dr. Eyberg's website with up-to-date information regarding training, research, and practice

- www.okpcit.org

- University of Oklahoma website with information on training and research in PCIT



Conclusions of Retrospective Research on Siblings- Abusive PSB

- Some research suggests that effects of abusive sexual experiences among siblings are similar to known effects of child sexual abuse when perpetrator is father/step-father
- Anxiety, depression, PTSD, substance abuse



Rudd & Herzberger (1999), Cyr, Wright, McDuff, & Perron (2002)

Sibling Sexual Behavior: A Conceptual Continuum

Factors	Expected Sex Play	Problematic Sexual Behavior	Abusive Sexual Behavior
Coercion	No	Seldom	Typical
Age Difference	Little	Varies	Typical
Mutual Initiation	Yes	Typical	Seldom
Type of Behavior	Exploratory	Varies	Varies – Aggressive/Coercive
Duration	Brief	Varies	Varies
Associated Emotions	Maybe Embarrassed	Guilt but not trauma	Possible trauma
Response to Detection	Depends	Depends	Depends

*Is This Behavior Problematic or Typical?

- Grandmother went upstairs to get her grandsons down for dinner. When she walked into the bedroom the two boys, ages 8 and 9, only had their shirts on and were taking pictures of each other's penises with the Ipad. After talking with them, both denied any coercion and indicated they were curious.



Sibling Sexual Behavior: A Continuum of Interventions

Intervention	Expected Sexual Play	Problematic Mutual Sexual Behavior	Abusive Sexual Behavior
Educating parents about normal sexual behavior	Yes	Yes	Yes
Setting up in-home safety plan	No	Yes	Definitely
Removal from home	No	Varies	Typically, at least initially
Treatment for Sexual Behavior Problems	No	Varies	Yes
Treatment for Trauma for Siblings	No	No	Typically
Need Inpatient/Residential Care	No	No	Sometimes
Duration of Outpatient Intervention	Very Brief	Brief	Varies – 4-7 months
Legal/CPS involvement	No	Varies	Yes
Community protection issues	No	No	Maybe

Expected Sexual Play

- Among Siblings
- Parental Responses
- Education of Parent
- Supervision



Parental Responses to Typical Sexual Behavior Among Young Children

- Calmly provide:
- Accurate education about names and functions of all body parts
- Developmentally appropriate sexual education
- Information about social rules of behavior and privacy,
- Information about respecting their own bodies, and
- Information about friendships and relationships with others



Problematic to Abusive Sexual Behavior Placement Protocol

- Adapted from Barbara Bonner's and Mark Chaffin's work



Sibling Sexual Behavior Treatment Protocol: Problematic Sexual Behavior

- Step 1: Determine need for removal –
Rarely needed due to sexual behavior but happens more than rarely
 - Reaction of siblings
 - Ability of caregiver(s) to supervise
 - Responsiveness to parental intervention
 - Other risk factors (not just sexual behavior)
- Step 2: Establish a supervision plan



Problematic Sexual Behavior

- Step 3: Treatment Planning and Implementation
 - Child who initiated PSB – duration and focus
 - Severity and frequency of PSB
 - Other issues – trauma symptoms, behavior problems, etc.
- Caregivers
- Siblings



Characteristics of Effective Treatment for Child PSB

- Meta analyses results
- Outpatient, relatively short-term treatment improved SBP and general behavior problems
- Program characteristic have largest effect:
- **Parenting/Behavior Management Skills (BPT)**
 - BPT co-occurred with:
 - Rules about sexual behavior, sex education, and abuse prevention skills



Characteristics of Effective Treatment for Child PSB

- PSB specific CBT Treatments and Trauma Focused-Cognitive Behavioral Treatments found effective
- In contrast, practice elements that evolved from Adult Sex Offender (ASO) treatments were not significant predictors
 - e.g., cycles of abuse, arousal, reconditioning



Caregivers' Treatment

- Safety/Supervision measures
- Sexual development in children
- Boundaries, modesty nonphysical forms of discipline, behavior management strategies
- Sexual rules in the home
- Abuse prevention skills
- Caregivers' emotional and behavioral reaction to SBPs
- Talking to child about sexuality



Problematic Sexual Behavior

- Step 4: Family Sessions
 - Safety planning
 - Promote clear boundaries
 - Focus on healthy aspects of sibling relationship
- Step 5: Increase involvement outside family
 - Social skills
 - Peer activities
- Step 6: Follow-up and monitoring



Sibling Sexual Behavior Treatment Protocol: Abusive Sexual Behavior

- Step 1: Determine need for removal
 - More likely to require separation
 - Preferable to remove child with abusive sexual behavior
 - Least restrictive environment that meets safety and treatment needs



Abusive Sexual Behavior

- Factors to consider in removal and placement decision
 - Recognition of problem behavior
 - Responsiveness to parental intervention and child's level of impulse control
 - Reaction of the siblings
 - Parental supervision capacity
 - Degree of safety in the home
 - Risk to community
 - Effects of removal
 - Placement options



Abusive Sexual Behavior

- Step 2: Providing treatment for family
 - Sexual Behavior Problems Specific treatment
 - Treatment of other concerns
 - Need for inpatient or residential placement
 - Caregiver involvement in treatment
 - Which caregiver? Impact of placement decision
 - Possible treatment for non-offending sibling(s)



Residential or Inpatient Treatment: Screen for...

- aggressive or intrusive sexual behavior problems which continue to re-occur despite adequate treatment and close supervision;
- when the child is actively suicidal;
- when the child is actively homicidal;



Residential or Inpatient Treatment: Screen for...

- when the child has such severe behavioral and emotional problems that they are unable to function in the community, even in a specialized school setting; or
- when the child has severe symptoms which have not responded to adequate medication, outpatient treatment or intensive in-home approaches



Children requiring this level of care may have more severe trauma history and more severe co-morbid emotional and behavioral problems

Residential or Inpatient Treatment

Reasons for:

- controlled environment,
- daily treatment contacts,
- high levels of community protection
- safety of child

Concerns:

- difficulties in obtaining parent/caretaker involvement,
- exposure to other children with severe behavior problems,
- disruption of social attachments and normal activities,
- labeling and stigma, potential for victimization
- very high cost



Abusive Sexual Behavior

- Step 3: Educate parents
 - Appropriate vs. inappropriate sexual behaviors
 - Warning behaviors or signs
 - Sex education discussion
 - Group support and education for parents
 - Establish appropriate supervision for youth
- Step 4: Determine appropriateness of reunification
 - Respect safety and welfare of sibling(s)
 - Conduct while youth still in treatment



Visitation and Reunification Decisions

- Problematic but not abusive sexual behavior
 - Often removed initially for assessment of safety risk, but then visitation and reunification delayed for variety of reasons
- Following information based more on abusive sexual behavior



Preconditions to Visitation and Reunification

Sibling Victim

- Ready, interested in contact
- Few, if any, discrepancies between siblings' reports
- Progress in treatment if required
 - Reduced abuse-related symptoms
 - Clear about responsibility
 - Able to discuss behavior, thoughts, feelings with therapist, parent



Preconditions to Visitation and Reunification

Sibling with PSB

- Making consistent progress in treatment
 - Discuss PSB, willing to tell others
 - Acceptance of responsibility
 - Accepts rules, limits
 - Understands harm caused to family, sibling, self



Preconditions to Visitation and Reunification

Parents/ Caregivers

- Clear about responsibility
- Know details about abuse, pattern, opportunities
- Supportive of both siblings
- Can discuss behavior with therapist, children
- Know supervision rules



Visitation and Reunification Process

- Writing a letter (particularly for abusive sexual behavior)
- Dyad/Family sessions
- Safety plan
- Outings and home visits
 - Increasing in duration and frequency
- Returning home



Visitation Rules

During visitation, the child or adolescent will:

1. not be alone at any time with any child under 12;
2. not be in charge of any child or children for an activity;
3. not discipline or correct children in the home;
4. follow all household rules; and
5. be respectful to all family members



Safety Plan

Children

- Not allowed in other children's rooms
- Must leave if child comes in to his/her room
- Never involved in bathing, hygiene of children
- Uses separate bathroom, if possible
- Fully clothed at all times
- No horseplay, wrestling, tickling
- No sexual materials in the home
- Other adults told on a “need-to-know” basis



*What Are Safety Plan Barriers?

- A. Single Parents
- B. Lack of Respite
- C. Multiple Children of Varying Ages
- D. House Size
- E. Parental Attitude
- F. A & B
- G. A, B, C, & E
- H. All of the Above



Family Meeting: Develop Safety Plan

- Meet with parents/caregivers
 - Develop list of problematic activities
 - Develop list of appropriate sibling activities
 - Develop joint prevention plan



Family Meeting: Develop Safety Plan

- Meet with family – children and parents/caregivers
- Apology letter read if appropriate
- Discuss Sexual Behavior Rules/Private Part Rules
- Discuss privacy/modesty rules in home
- Develop list of activities children can do together
- Plan first visit activities



Sexual Behavior Rules for School-Age Children

- It is not ok to touch other people's private parts.
- It is not ok to show private parts.
- It is not ok for other people to touch your private parts.
- It is ok to touch your private parts in private.
- It's not ok to make other's feel uncomfortable with your sexual language or behavior.

~Adapted from Bonner, Walker, & Berliner (1995)



Private Parts Rules for Preschoolers

- No touching other people's private parts.
- No other people touching your private parts.
- No showing private parts to other people.
- No touching your own private parts when others are there.
- Touching your own private parts when you are alone is ok.



~Silovsky & Niec (1998)

Abusive Sexual Behavior : Contradictions to Reunification

- Denial by abuser/parents when abuse clearly occurred
- Significant negative responses by sibling(s)
- Sibling pressured to reunify
- Cases of severe abuse
- Recent history of severe violence by abuser
- Significant unresolved abuser/parental issues



Indian Country Child Trauma Center (ICCTC)

- The mission of the ICCTC is to improve treatment and services for Native children and adolescents in Indian Country who have experienced traumatic events. Originally, a member of the National Child Traumatic Stress Network funded by SAMHSA
- Honoring Children, Respectful Ways (PSB-S treatment)
 - Adapted by Jane Silovsky, Ph.D., and Lorena Burris, Ph.D.
 - A treatment program for American Indian/Alaska Native children with SBP
 - NCSBY's fact sheets modified for parents

www.icctc.org



Association for the Treatment of Sexual Abusers

- Founded to foster research, facilitate information exchange, further professional education and provide for the advancement of professional standards and practices in the field of sex offender evaluation and treatment.
- Taskforce Report on Children with Sexual Behavior Problems – Downloadable at:
<http://www.atsa.com/pubRpt.html>
- <http://www.atsa.com/request-referral>



National Center on the Sexual Behavior of Youth

- Established in 2001 by OJJDP
- Develop and disseminate information and curricula on adolescent sex offenders and children with sexual behavior problems for multiple disciplines and the public
- Publications page – Fact Sheets on:
 - Child Sexual Development and SBP
 - Myths and Facts about CSBP and AISB

www.NCSBY.org



The National Child Traumatic Stress Network

- Mission: to raise the standard of care and improve access to services for children, their families, and communities throughout the United States.
- Funded by SAMHSA
- Publications and other information for parents and caregivers as well as professionals on trauma
- Fact sheets on children with SBP collaboratively developed with NCSBY

www.nctsn.org



Child Maltreatment Journal of APSAC

- Journal for the American Professional Society on the Abuse of Children
<http://cmx.sagepub.com/>
- May 2008 Special Issue on Children with Sexual Behavior Problems
cmx.sagepub.com/content/vol13/issue2/



Stop It Now! ®

- Prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

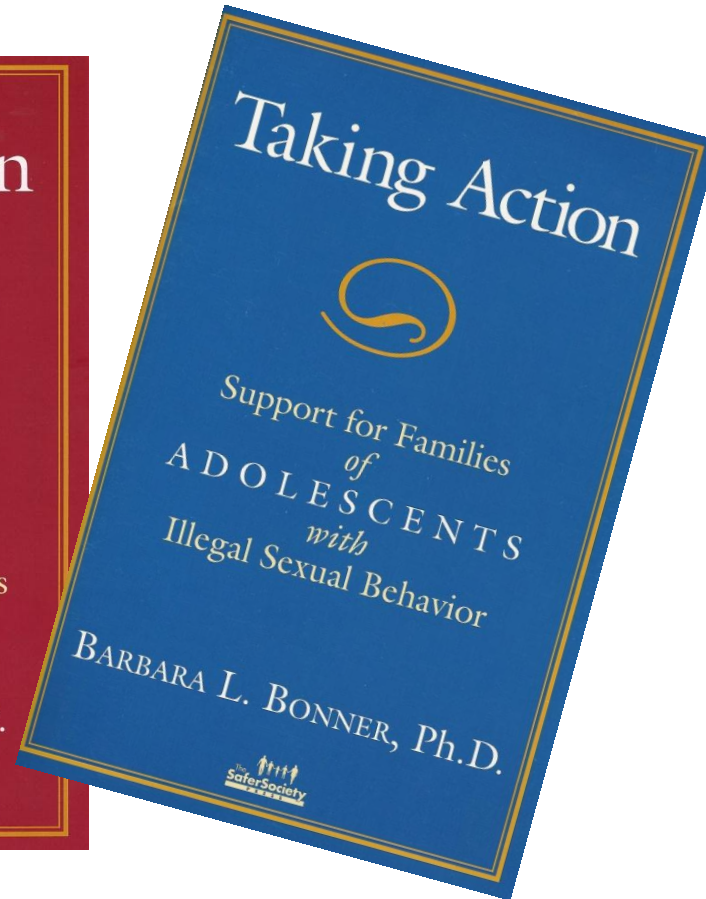
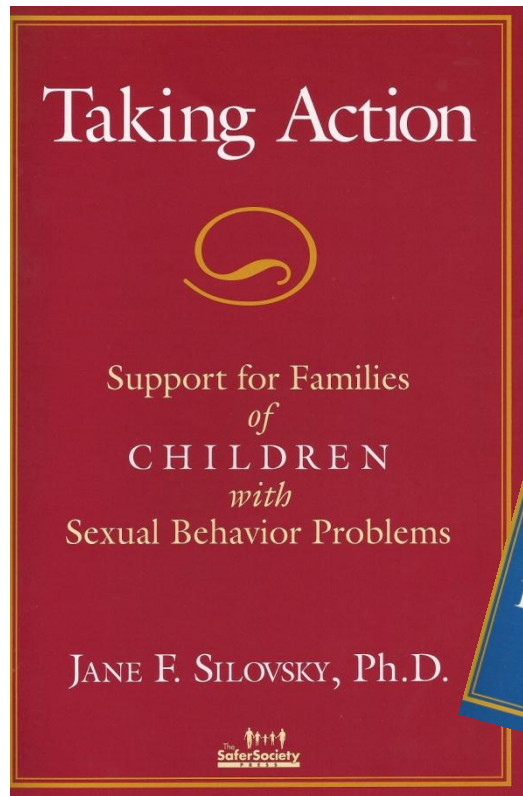
<http://www.stopitnow.org/pubs.html>



Stop It Now!®

Together We Can Prevent the Sexual Abuse of Children

Safer Society Booklets



<http://www.saferociety.org/allbks/wp136-wp137.php>

Thank You!

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